2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # P97000096005 1. Entity Name SHUBITZ & ROSENBLOOM CONSULTANTS, P.A. Principal Place of Business Mailing Address 11428 SW 109TH ROAD 11428 SW 109TH ROAD MIAMI, FL 33176 MIAMI, FL 33176 01162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0792656 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ROSENBLOOM, HOWARD DO NOT WRITE 11428 S.W. 109TH ROAD MIAMI, FL 33176 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ROSENBLOOM, HOWARD U00000054293 02/16/04-80166-011 150.00 STREET ADDRESS 7901 SW 147 COURT CITY-ST-ZIP MIAMI, FL 33193 TITLE DST SHUBITZ, LEONARD ALAN NAME STREET ADDRESS 7303 SW 144 AVENUE CITY-ST-7IP MIAMI, FL 33183 TITLE NAME STREET ADDRESS DO NOT WRITE CMY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to execute this report as re changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DURECTOF

FILED